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Brunswick, October 9, 1863.

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Original Lectures.

LECTURES ON GUNSHOT INJURIES OF THE CHEST.

By FRANK H. HAMILTON, M.D.,

PROF. OF MILITARY SURGERY AND FRACTURES AT BELLEVUE HOSP. MED. COLLEGE, AND LONG ISLAND COLLEGE HOSPITAL; SURGEON TO BELLEVUE HOSPITAL; LATE MEDICAL INSPECTOR, U.S.A.

LECTURE III.—PART I.

GENTLEMEN:—Gunshot injuries of the thorax may be divided into, first, non-penetrating injuries, or those in which the projectile has not entered the cavity of the thorax; second, penetrating, or those in which the projectile has entered the cavity of the thorax and remains; third, perforating, or those in which the projectile has passed entirely through this cavity.

First. Non-penetrating injuries, or those in which the missile does not enter the thoracic cavity.

A rifle or musket ball, which merely impinges upon the surface of the skin and glances off without producing any lesion of structure, is usually harmless. Unlike similar injuries of the scalp, it in general produces little or no nervous shock, and entails no serious results. If, under such circumstances, the patient looks pale and seems exhausted, these phenomena are generally due to alarm occasioned by the belief that he has received a mortal wound. At Centreville a soldier requested me to examine his back, through which he said a ball had penetrated. He had walked from the field and looked pale and exhausted. Upon examination, I found a discolored spot which he indicated as the seat of the injury, but no wound. He stated that the ball struck him with so much force as to make him stagger, and that he immediately experienced some difficulty in breathing, which was perhaps in part caused by the alarm, and in part by an injury to some small nerves. Occasionally, however, the shock produced by a musket ball is sufficient to cause a rupture of some of the more superficial pulmonary vessels; and in other cases it gives rise eventually to pleuritis or even pneumonia.

Guthrie relates, that on the 17th of August, 1808, when the army under Wellington was about to ascend the heights of Rolica, a soldier received a ball upon his buff-leather belt on the right breast. The noise made by the blow was quite audible. Mr. Guthrie saw the man fall, and supposed he was killed; the ball had, however, only gone through his belt, and made a mark on his chest over the cartilage of the fourth rib. He recovered in a short time, spat a little blood in the night, and, after a large bleeding, was enabled to accompany the troops on the 20th, ready for the fight the next morning.

A solid shot, or the convex surface of the fragment of a shell, may impinge upon the thorax, and, without causing any rupture of the skin or anything more than a slight abrasion, it may fracture the ribs, rupture the lungs or some of the large bloodvessels, or even tear open the heart itself, and thus cause almost immediate death. In these cases the injury resembles those crushing accidents which often occur in civil life; and the fatal internal lesions are produced rather by the weight than by the momentum of the projectile. The ribs, with their cartilages, are bent inwards violently, and made to encroach very far upon the contained viscera before they break, and serious lesions may be produced before the bony parietes are fractured; but when at last the ribs themselves are broken, their ragged extremities are thrust violently inwards, and the internal lacerations are rendered more extensive.

McLeod mentions the case of a soldier who was hit by a round shot on the edge of the breast-plate, which was so turned in as to fracture the cartilages of the fifth, sixth, and seventh ribs on the left side, close to the sternum. The skin was not wounded. He walked to the rear, and complained but little for two hours, when he was seized with an acute pain in the region of the heart. His pulse became much accelerated, and he grew faint and collapsed. A distinct and sharp bellows-sound accompanied the heart's action. He died in seventy-two hours from the receipt of the injury, the pain and dyspnœa, which had been so urgent at first, having abated for some hours before death. The heart was found to have been ruptured to an extent sufficient to allow of the finger being thrust into the left ventricle. The obliquity of the opening had prevented the blood escaping into the pericardium, which contained about two ounces of dark-colored serum.

The elasticity of the ribs is such, also, that solid shot frequently tear off the flesh extensively, uncovering the ribs over a space of several inches without producing a fracture.

In several instances I have seen the side of the thorax covered with a dark-colored eschar caused by a solid shot, but in which cases the destruction of tissues extended no deeper than the integument. On the night of Aug. 1, 1862, while Gen. McClellan's army lay encamped at Harrison's Landing, the enemy commenced a brisk cannonading from the opposite shore of James river, throwing shells, round and conical shot, and red hot shot into the fleet of transports, and into the densely crowded encampment of the troops along the shore. Among the casualties which came under my notice during the night and morning was a chest wound of the character which I have mentioned. The man who had received the injury was a private, belonging to the Fourth Pa. Cavalry, and the shot had taken effect upon the left side of the thorax, over the fifth, sixth, seventh, and eighth ribs. A surface about the size of my hand was covered with a dark-brown eschar, but none of the ribs were broken. He was knocked down by the missile, and was for a moment unconscious. Several days later I found him still in bed, feeling very weak, and complaining of a burning pain in the eschar, but no symptoms had supervened indicating the occurrence of any internal injury.

Round balls have been frequently known to penetrate beneath the integuments, and pass around the outer circumference of the chest for a greater or less distance, escaping finally at a point so remote from the point of entrance as to have led to the belief that the ball had passed directly through the cavity of the chest. It is supposed that the force of these balls must have been nearly expended before coming in contact with the body, and that they struck obliquely; which circumstances, together with the remarkable elasticity of the bony parietes of the thorax, will sufficiently explain the eccentricity of their course. In some examples the ball, having entered near the centre of the thorax in front, has escaped directly opposite, near the spinal column; indeed, the projection of the spinous processes of the vertebræ generally determines the extent of the circuit in this direction, the ball being at this point either arrested and remaining lodged beneath the skin, or deflected towards the surface and making its escape.

Conical balls, as we have already stated in our general remarks, are much less liable to be thus deflected, nevertheless we still continue to meet with similar accidents occasionally.

The following examples will illustrate some of the many varieties of gunshot wounds of the thoracic walls produced by bullets:

A private in the 40th N.Y.V. was wounded at the battle of Williamsburg, Va. on the 5th of May, 1862, by a ball which entered obliquely on the left side, near the junction of the eighth rib with the sternum, and passed downwards and forwards towards the ensiform cartilage. The track of the ball, as far as it could be traced, was superficial, but it has never been found. At the expiration of eighteen months the wound remains fistulous.

Wm. H. Hatchett, a private in the 13th N. C. Regt. (Confederate), was wounded at the battle of South Mountain, Md., on the 14th of Sept. 1862, by a conical rifle ball, which entered the fore-arm, and, passing out near the elbow, again penetrated the arm, breaking the humerus, after

which it entered the side of the thorax, and made its final exit through the lower angle of the scapula. I saw this man a few days after the battle, at Frederick City, Maryland, and found no evidence of internal thoracic injury. His condition seemed to promise a speedy recovery.

H. P. Robinson, a private in the 5th Pa. Cavalry, received a pistol-shot in the back of his thorax in a skirmish with the enemy at Williamsburg, Va., on the 9th of Sept., 1862. The ball entered over the right shoulder, and, passing backwards, penetrated the scapula from its venter towards its dorsum, and was found lying beneath the integuments near the spine. It had not penetrated the thorax. I removed the ball by a counter-opening, and, upon introducing my finger into the wound in the direction of the scapula, the track was discovered to be filled with very small spiculæ of bone, most of which I was unable to remove. The wound was left open and a poultice applied to encourage suppuration.

I will next consider *perforating gunshot wounds of the thorax, or those in which the projectile has passed entirely through the thoracic cavity.*

We include in this division not only those accidents in which the perforation is complete, the ball having escaped through the opposite integuments by its own momentum, but also those in which the ball, having traversed the thoracic cavity, is found lying more or less superficially outside of the thorax, in a position from which it may be easily removed by the surgeon.

Perforating gunshot wounds of the chest present the widest range of prognosis, according to the direction which they have taken and the particular viscera which have suffered lesion.

Wounds of the heart and of the large bloodvessels are in general immediately fatal. We are seldom in a position to witness the death of a man who has been shot through the heart, but I have had one unusual opportunity of witnessing the death of a soldier whose heart had been penetrated by bullets.

While the army of the Potomac was encamped in front of Alexandria, Wm. H. Johnson, a private in the 1st N. Y. Vol. Cavalry, was shot for desertion. The execution occurred on the 13th of Dec., 1861, and I was stationed with Gen. Franklin and his staff only a few yards from the culprit. The detachment of soldiers by whom the sentence was carried into execution consisted of twelve men, and was divided into two squads, composed respectively of eight and four men, the latter being held as a reserve. The arms used were Sharp's carbines, loaded with conical balls. The distance was five paces. At the first fire four balls entered his chest, three penetrating the heart. The remaining balls did not take effect. After he was shot, during a period of two or three seconds, he sat motionless, and then fell slowly over to one side and to the ground. At this moment a slight convulsion passed through his frame, and the officer in command, supposing that he was not fatally wounded, ordered the reserve to fire, and their balls were found subsequently to have penetrated the face and head. I immediately rode to him and ascertained that he had ceased to breathe and was pulseless. He was dead. It is probable that the three balls which penetrated his heart, and which, as the autopsy showed, had lacerated it freely, produced death in less than five seconds.

(To be Continued.)

Resection.—The German naturalists have been engaged in discussing at Stettin the subject of *resections.* Bardeleben explained at length the method of operation. He eulogized the plaster bandage in the after-treatment, and dwelt upon the following important points for the success of the operation:—1st. None of the capsule of the joint should be allowed to remain. 2d. The after-treatment must be carefully and minutely attended to. A plaster bandage strengthened by strips of wood is best adapted to this purpose, and it should be water tight, so that the water-bath may be employed.—*Med. and Surg. Journal.*

Original Communications.

CASE OF EXTENSIVE FRACTURE OF SKULL,

WITH LOSS OF CEREBRAL SUBSTANCE, &c.—RECOVERY.

By the late FREDERICK G. LeROY, M.D.,

of Tarrytown.

WITH THE OBITUARY NOTICE OF THE AUTHOR.

By F. D. L.

The rough notes of this case were found among Dr. LeRoy's papers, from which this history has been prepared; and it is presented to the profession as one of those remarkable instances which we occasionally meet with, of recovery from apparently hopeless injury of the head; crushing of the *calvarium*, laceration of the *dura mater* and brain, with loss of cerebral substance, and with every indication also of fracture of the *base;* the symptoms, during the progress of the case, alternating, in a rather remarkable manner at intervals, between favorable and unfavorable, until finally the powers of nature, aided by the close attention and skill of the surgeon, triumphed.

Case.—Harry Schubert, 12, having climbed a chestnut-tree, Oct. 7, 1861, fell to the ground, striking on his head. Upon visiting him, found that he had sustained a compound fracture of the skull, involving portions of the left occipital, parietal, and temporal bones. The scalp was lacerated to a considerable extent. There was also a fracture of the lower jaw. There was hæmorrhage from the wound, and also from the left ear. He was in a state of collapse, breathing heavily; left pupil dilated, right contracted; pulse 62. Having made the necessary enlargement of the scalp wound, I proceeded to remove a number of loose fragments, which readily came away in pieces varying in size from an inch to an inch and a half square. The whole loss would probably amount to four or five square inches. The trephine was not used, but only the saw and elevator. The *dura mater* was lacerated to the extent of an inch and a half; the brain protruding, and small portions flowing away with the blood. Having cleansed the wound, the cut edges were approximated by sutures, and the part dressed with lint wet with cold water. Pulse ranged from 62 to 164; gradually fell to 72. During the first night there was a succession of slight convulsions. Bladder relieved by catheter. For a few hours stimulants were required.

October 21st.—During the last two weeks nothing remarkable has occurred. Has never been perfectly conscious; wound looks well; water-dressing continued. Has been taking *pulvis antimonialis and magnes. sulph.* Bowels rather constipated, sometimes requiring enemas. Pulse has sometimes ranged, during twenty-four hours, from 72 to 135. Catheter was required for four days. To-day pulse 68; symptoms unfavorable; flashes of heat and cold; mind confused. Takes beef-tea, eggs, rice, gruel, etc. Oct. 23d.—Quite rational; free discharge of serum from left ear; pulse 78, soft; relishes his food; wound looks well; has healed, except where badly lacerated. Oct. 27th.—Condition unfavorable; comatose, with heat of skin; frequent and feeble pulse; pupils inactive. Oct. 28th.—No better; refuses food. Oct. 30th.—Better; had a good night; no fever; pulse good; appetite has returned; nourishing diet continued. Nov. 3d.—Improving rapidly. Nov. 10th.—Bowels constipated; mind not clear, cannot call objects by name. Dec. 1st.—Since last date the progress of the cure has been uninterrupted, and patient is now out of danger. At this date, Feb. 10th, 1864, this patient is at school at Sing-Sing, but is represented as "not bright."

The injury sustained by this boy, and which resulted so fortunately, was very similar to that which recently deprived his surgeon of life in the full enjoyment of health, and of a successful professional career.

In December last, while riding his rounds in the village of Tarrytown, Dr. LeRoy's horses took fright and ran away,

throwing him from the carriage, his head striking with great force against the hub of the wheel of another vehicle. Two of his professional friends, Drs. Caruthers and Scribner, of Tarrytown, were soon with him. They found him perfectly unconscious, and very restless. The blow had been received on the *vertex*, which was literally crushed in by the iron ring on the hub; the *dura mater* and brain lacerated, and the fracture extending in various directions towards the *base*, which was probably also fractured, as there was abundant hæmorrhage from the left ear. The left eye protruded somewhat, and there was extensive ecchymosis on the left side of the forehead. His medical attendants were painfully conscious that the case was a hopeless one, and that the profession, which he had so successfully practised for the benefit of others, and of which he had been a bright ornament, could do nothing for *him*. He lingered in a perfectly insensible condition, and very restless, for about twenty-six hours.

Dr. LeRoy was one of those cheerful, frank, high-toned gentlemen, who at once impressed every one favorably with whom he came in contact. He at once won friends wherever he went. He was one whose intimate friendship was a valuable possession; and, as the writer of this notice enjoyed, for a number of years, this possession, he feels it both a professional and friendly duty to pay this slight tribute to his memory. During a professional career of some years in Tarrytown, his intercourse with his brother physicians, as I am assured, was never marred by one unpleasant occurrence, social or professional. Their relations were always happy; and there is every reason to believe that no one, apart from his own family, was more sadly impressed with the painful accident which so suddenly deprived them of a friend and brother.

February 15th, 1864.

CASE OF MALINGERING.

By DEWITT C. PETERS, Asst.-Surg., U.S.A.

SURGEON-IN-CHARGE OF JARVIS GENERAL HOSPITAL, BALTIMORE, M.D.

Private T. F., a cavalry soldier, aged twenty-five years, was transferred to this hospital from Camp Tyler, Baltimore, to be examined (as he said) for a discharge from the service. The man stated, that he had enlisted about six months since, and that soon afterwards he was attacked with rheumatism, which completely disabled him before he had performed any field duty. On admission into the hospital, it was noticed that he was in robust health, otherwise than certain deformities, which at first inspection were thought by his medical officers to be feigned. He was watched closely for several days, and placed under the use of placebos, but nothing was noticed in his conduct whereby the fraud could be detected. The truth is, that after four months' experience, the man was pronounced a perfect adept in the art of malingering; and, in my connexion of several years with soldiers, I had never seen a case where the deception was acted with more thorough cunning. His arms and hands were contracted across his chest, were very much distorted, rigid, and presented a pitiful appearance to the beholder. The man's physiognomy resembled that of a mendicant when plying his vocation, and any attempt to overcome the rigidity of the upper extremities, increased these indications of suffering. The case afforded no explanation nor satisfactory conclusion under the treatment above mentioned; therefore I confronted him with the charge of feigning rheumatism, and strengthened the accusation by informing him there were no local symptoms present which would warrant the belief of his ever having had the disease. Finding neither persuasion nor fear could overcome his determination to carry out his purpose of gaining his discharge, perhaps with the idea of again imposing on the government by reenlisting in some distant section of the country where he could obtain another bounty, I resolved to resort to other means. Against his inclination, the man was carried to the operating room of the hospital, and, in the presence of several officers, an anæsthetic (sulphuric ether) was administered to him. While yielding to the powerful influences of the remedy, it was noticed that he endeavored, through the aid of his will, to retain his fingers, hands, and arms in the deformity they had assumed; but in doing so, he unconsciously moved the parts, and fully exposed the deception. When fully etherized he became perfectly relaxed, and then not the least anchylosis nor contraction (of a permanent nature) could be detected. The sponge was removed, and the man allowed gradually to regain his senses; but before he was fully conscious of what was occurring about him, he was placed upon his feet and exercised in the manual of arms by the officer commanding our invalid company. In this condition he found himself on gaining the full control of his mind. He was kept at this drill for one hour or more in the presence of many of the convalescents of the hospital, who were highly indignant at his past conduct, but who enjoyed the treatment. His cure was now completed by giving him a cold bath, and he left the hospital with perfect use of all his limbs, and with a lesson taught him which may have its moral effect.

Remarks.—Sulphuric ether is a most valuable remedy in detecting various diseases simulated by soldiers. Its slow and insidious action enables the surgeon to easily detect the feigned deformity or sickness. In aphonia, chronic rheumatism, anchylosis, incontinence of urine, and numerous other complaints the soldier selects often to deceive his medical officer, the exposition under its influence is complete, and hence its advantage over chloroform, the action of which is too sudden and dangerous to be employed with impunity.

THE HISTORY OF A REMARKABLE

CASE OF HEMIPLEGIA AND ANASARCA.

By E. P. METCALF, M.D.,

OF GENESEE, N.Y.

The history of the following case embraces a period of nearly forty years. In sketching it, I must depend entirely upon memory, and shall be unable to give minutiæ, not having reference to any notes whatever.

The first that I heard of Mary Lindsley was, I think, in 1830, through Dr. Stillwell of Livonia, Livingston Co., N. Y. The doctor told me that he had a case of paralysis of the right side, in an unmarried woman of about 30, of four years' standing; that she was wholly unable to use the arm and hand, or the leg, in walking; that she was otherwise healthy; was very ingenious in the use of the needle, which she used with the left hand, pinning her work to the helpless right arm, which was carried in a sling; that she was a smart, intelligent woman, and very desirous of being cured. He also said that he had learned from Mary that several years before she had an abscess of the right side, pronounced by Dr. Daniels, an intelligent physician, who attended her, to be hepatic; that it was laid open and continued to discharge for a long time; finally healing, when she became very well and taught school, until stricken down suddenly with paralysis. Dr. Stilwell was deeply interested in the case, and inquired of me as to the best mode of treatment. I had shortly before seen in the *Am. Jour. of Med. Sciences*, an article from the pen of Professor Dickson, of South Carolina, on the treatment of paralysis, in which he gave several cases, with his mode of treatment, which consisted substantially of strychnine (then quite a new article). He put 6 grs. to an oz. of alcohol (by-the-by, a bad solvent, but I did not know it then), and began with six drops, repeated every few hours; gradually increasing the number of drops, until some visible effect was produced.

Dr. Stilwell adopted Prof. Dickson's plan, and at once commenced the treatment of his patient. In a few weeks, I learned that after taking the strychnine for some days in gradually augmented doses, she was seized with spasms of

the affected side, which continued for several hours. When they subsided, the Dr. thought there was a slight improvement, and urged the continuance of the medicine, seconded by Mary herself, though in violent opposition to the wishes of her friends, who were apprehensive that the poisonous stuff would kill her. The treatment was persisted in, every few days producing the spasms, when for a day or so it was discontinued. In a few months she was very perceptibly better, being able to walk pretty well; and had partially recovered the use of the arm and hand. At length she became so much better, that the strychnine was only given occasionally, when she had "run down." The following year she came to Geneseo, and placed herself under my personal observation and care. I found her a large, well developed, strong, healthy woman. The paralysis, to a great extent, was *apparently* gone; but *really*, as I was told, she had to be "wound up" by strychnine every three or four weeks. At the time I first saw her, I was informed that *all* of the functions of the system were in regular healthy operation. I anxiously awaited the time when it would be necessary "to wind her up." The first indication of such a necessity appeared in an awkward, imperfect use of the hand, arm, and leg; she hobbled rather than walked; her hand was of a purplish color, and moved with difficulty; she was unable to grasp anything; occasionally an electric rigor would pass over her; her speech was also impaired; if the hand was taken, and moved with a quick motion, as if shaking hands, it became very painful; all its motions were imperfect, constrained, and awkward. She said "it had the blues," and always acted so when she required the strychnine. I had been informed of the way she would "cut up" when under the operation of strychnine, and now, anxiously, was about to witness the "performance."

By this time she had become so accustomed to taking the strychnine, that she knew the required dose, which was administered. In a few minutes after taking it, a convulsive rigor passed over her, producing an impatient scream. She was irascible and snappish. In ten or fifteen minutes she had a sharp convulsion, and then fell asleep in her rocking-chair. Her sleep was very profound. Now came the tug of war. I had learned how she was to be awakened. A 64-pounder, or any other large gun, would be let off to no purpose with her. Nothing but a persistent pull of the palsied arm, having hold of the hand, and at the same time pressing upon the ulnar nerve, would awaken her. After letting her sleep for some fifteen or twenty minutes, I pulled at the arm and pressed upon the nerve, as directed. In a short time there was a tremor of the hand and arm, and then a scream. I knew what was coming, and slipped behind her, still having hold of the hand, and still manipulating. As soon as I perceived that her eyes were opening, I darted out of the door, which I took good care should be in the rear; thus making my escape into another room, without being seen by her, and holding fast the door upon the other side. Lord, what a storm there was! She was a perfect fury, scolding with all her might. There were a number of ladies and gentlemen in the room, quietly seated. I could hear her storming at them for letting somebody hurt her. If she suspected any one present, the kicks and blows, which she was sure to bestow, were anything but pleasant to the unfortunate recipient. In short, she was mad in the true sense of the word—she was sadly deranged. In a short time, when the fury of the storm had abated, I re-entered the room. She looked sharply at me, and then "blew me up" for being away so that somebody could hurt her. I was very sorry that anyone had injured her, and in a few minutes succeeded in soothing her. By-the-by, in order to control her, it was necessary for her to regard me as her friend, who would not "hurt" her. So the hasty exit from the room, as she was awakening, was a necessity. She soon became pleasant, and desired me to give her something to drink "that was good." A little wine and sugared water set all things right. She became very loquacious and happy, keen, and often witty. What she said was as sensible and as consecutive as what she uttered at any other time. I found that she would often refer to persons, without naming them, who were present at previous times, and to matters of which I was entirely ignorant. She had no recollection of any event, unless it had come under her observation while in this condition. For the many years that I have attended her since, I never knew her on these occasions to pronounce the name of any person. The reference she made would be to *him* or *her;* and if we were unable to divine *who*, and name the person, she would become impatient, and not unfrequently abusive. When the name *was* called, she recognised it instantly, and became satisfied. She seemed utterly unable to pronounce a proper name. In about an hour after being awakened, she was in "high feather." She was then in a poetical mood, and pen, ink, and paper being given, she would perpetrate some verses, generally of a religious character, written with the left hand—and which, by-the-by, were not, in my judgment, of a very high order. After some three hours, spent very happily, and a portion very gleefully, she became sober and moody, and soon after again went to sleep in her chair.

This time she would be awakened with much less difficulty, and be rational when she awoke. Such was the programme, and so I found it. She yawned, rubbed her eyes, and inquired how long she had slept, and how she had behaved? She had not the faintest recollection of anything that had occurred. In a few minutes that electric shudder and short scream recurred, with a little spasmodic action of the muscles of the hand, arm, and leg; the flexors and extensors alternately and rapidly contracting. The tragic part of the play was now about to commence. The spasmodic action grew more and more violent, the arm and leg moved rapidly, the mouth and eyes were drawn to one side, respiration was accelerated, the whole right side was in commotion, the spasms became vehement, the whole frame shook, she lapsed into unconsciousness, the mouth and face became greatly distorted—when suddenly, after all this had continued from three to five minutes, her arms fell down, the head fell back, the eyes closed, and the breathing was entirely suspended. The faintest pulsation of the heart alone, showed that life was not extinct; pulse there was none. Cold water, violently and repeatedly thrown from a tumbler, especially when made to hit her over the mouth, was the grand restorative. A very forcible and exact hit would cause a sudden inspiration, and a faint scream. When this occurred, the danger was over. In ten or fifteen minutes Mary was herself again, though complaining a good deal of soreness of the arm and leg of the affected side.

I have described, as nearly as I can, one instance of the "winding-up" of Mary Lindsley by strychnine. I am not able to daguerreotype its comical or tragical characteristics. The way to know about Mary at such times, was to see her. I gave the medicine and attended her for many years; at first once in three or four weeks, then in six or eight, then two or three times a year; always with the same unvarying train of symptoms. In a couple of days after taking the medicine, she would be "as smart as a whip," and became the village upholsterer, mattress maker, lounge stuffer, carpet maker, etc. She had a great deal of muscular strength, and when any of our housewives had a heavy carpet to repair and put down, Mary was the very person of all others to do the job.

For some ten years past, she has taken no strychnine to my knowledge, though she used morphine liberally every day. Her paralysed limbs appeared perfectly restored, or nearly so. At times she had her complaints, though palsy was no part of them. I omitted to say that acetic acid or strong vinegar instead of alcohol, was used for the last twelve or fifteen years, as the strychnine would entirely dissolve in either. Twelve grs. to the oz. was the strength of the solution, and from twelve to twenty drops was a sufficient dose. The doctors in the vicinity, and a great many other persons, would beg to be informed when Mary was next to take her medicine; so that on such occasions there would be a grand exhibition. I recollect that on one occasion the

late Prof. James Webster, of Rochester, was present, and witnessed the performance with profound interest. He was sure she would die during the final stage, declared he could not endure it, and took an abrupt departure. I was not in the habit of telling doctors how she acted when awakened in the *mad fit;* and when I made my sudden exit, would leave some doctor hanging over her and eagerly drinking in all the strangeness of the case; suddenly she would pounce upon him, pull his hair, kick his shins with the left foot, and hammer him with her left fist to *her* heart's content, and to *his* dire amazement. That was the initiation fee. None but doctors had to pay it.

Some seven or eight years ago she was taken ill, but how, or of what she complained in the early stage, I can't tell. She was then, I believe, under the care of Dr. Lauderdale of this village. I know this: that I saw her occasionally, and found she had anasarca, her limbs and body being much distended with water; that the pulse was small, irregular, and intermittent; and that she was supposed to be laboring under an incurable disease of the heart. I recollect on one occasion to have taken the late Dr. McIntyre, of York (who was an eminent physician and an honor to the profession), to see and examine her. He made a careful examination, thoroughly explored the chest, and gave it as his opinion that she had disease of the heart, which would probably terminate fatally. In a short time the skin became enormously distended, and I proposed, and did puncture it a little to give egress to the fluid. She was impatient of the puncturing process, and it was not carried far enough to do any good. In a few days the distension was so great, that I thought the skin must burst, and then there came on an intolerable itching over the entire body. Scratch she would, and scratch she did. That proved more effectual than puncturing. The skin was very extensively broken over the body and limbs, and from this entire excoriated surface there was a great discharge of water. Folded sheets were placed around her to absorb the discharging fluid, but they were soon saturated; the entire bed was saturated, and a wash-tub was finally placed under it, to receive the copious flow of water. The swelling of the body and limbs pretty much disappeared in the course of twenty-four hours, and Mary soon began to "pick up her crumbs" again. I recollect that during or after this enormous anasarcous enlargement, she took freely of a decoction of the root of *milk weed*, which she thought, and I thought, largely increased the urinary discharge. Shortly after this, and as soon as she was able to bear the fatigue of a removal, she went to Rochester, an inmate of a benevolent institution there—"The Home of the Friendless." I know but very little of her since. I have heard, however, that for several years she enjoyed tolerable health, and did more or less upholstering for the establishment. She died in December, 1863.

In giving this outline (and it is nothing more than a bare outline) of the case of Mary Lindsley, I am sensible that I have very imperfectly accomplished the task. Her case is in fact a very interesting and important one.

Autopsy made by Dr. Thomas Arner, Rochester. "The heart was hypertrophied, exactly how much we had no means of ascertaining—should say twenty ounces; no evidence of pericarditis or of endocarditis; valves all healthy, except a trifling insufficiency of those of the pulmonary artery; no evidence of fatty degeneration; the right ventricle was full of colorless clots (emboli as they are called) which extended a short distance into the pulmonary artery. These were doubtless the *immediate* cause of death; that is, if we accept the latest theory of the profession about them. The lower portion of the left lung (half the lobe) was a mass of tubercles; the apex of the lung contained but little tubercle, but gave evidence, in a large cicatrix, of previous deposits and softening; no pleuritic adhesions; the right lung was a *mass of tubercles* from top to bottom, with very little healthy portion, only lying posteriorly and confined to the middle and upper lobes. It was firmly attached throughout (except the healthy parts) to the diaphragm and costal walls. These adhesions were evidently of long standing, and the result of extensive pleurisy; the liver was healthy, and gave no evidence of former disease; no adhesions. No other organs of the body were examined.

"I was not prepared to find so extensive disease of the lungs. I had doubts about the existence of much, if any tubercles, and I was equally unprepared to find so little disease of the heart. Basing my diagnosis on the symptoms and previous history of the case, I expected to find extensive organic disease of this organ. A great error I fell into, you observe. I think you will agree with me in saying that the hypertrophy was secondary to, and depending upon, disease of the lungs (impeded circulation) as the cause of it. It is wonderful that she has lived so long, and gives us something on which to build a hope, even in *consumption*. There are some points in the history of her long-continued illness that are not clear to me, and upon which I would like some information. Can you tell me whether she really had inflammatory rheumatism a number of years ago; and when it was that she began to show symptoms of cardiac disease? To what was the dropsy attributable which she had some years ago, and did she have an abscess on the right side supposed to communicate with the liver or pleural cavity? THOMAS ARNER."

A letter containing the above post-mortem account and inquiries was addressed to Dr. Lauderdale, who, not being so conversant with the entire history of the case as myself, handed the letter to me, with a request that I would comply with Dr. Arner's wishes.

Remarks.—There are some points about this case of especial interest.

1st. That abscess which was pronounced to be of the liver. As Dr. Daniels, who then attended her, has long been dead, no person living can probably throw any light upon it and its surroundings. From what I had heard, I supposed that it was a hepatic abscess, and expected that some trace of it would be found upon an examination after death. It seems that the "liver was found healthy, and gave no evidence of former disease."

2d. If the abscess was of the lungs or of the thoracic cavity, why were there not more evidences of its having been there disclosed on the post-mortem examination?

3d. Was there any relation between the abscess, or its drying up, and the hemiplegia? She thought there was.

4th. So far as I know, where strychnine is found useful in paralysis, its long-continued repetition is not called for in the way it was found necessary in this instance. Patients, when benefited by it, are usually "wound up" for good. In this case, without its occasional repetition for long years, she would doubtless have relapsed to utter helplessness.

5th. Metaphysicians may perhaps explain her uniform craziness or madness, upon her first awakening after taking the strychnine; I cannot. She had two distinct mental existencies, if I may so express it (she used to say that she had two souls; for aught I know she had *three*, for she was a great riddle), the one normal, and the other, what? not hallucinatory, because the operations of her mind were carried on perfectly; though never trenching upon, nor having the least cognisance of what passed through her mind in its normal conditions. This to me has always been full of interest, and is altogether inexplicable. Ah, we don't know yet all about that wonderful organ, the brain. The most difficult part of the description of the case is to portray the workings of her mind, and her conduct when under the first influence of strychnine, *so that others can see it as it was.* The portraiture is impossible.

6th. There is novelty to me in the mode nature adopted to rid the system of that vast accumulation of water. The kidneys were entirely unable to carry it off. The use of the milk weed was of great service. While using it, she urinated a great deal more than when not using it. As a domestic remedy in exciting the action of the kidneys, I know of nothing that equals it.

7th. The autopsy disclosed incomparably less difficulty of

the heart than I expected. I never knew of her having had rheumatism.

8th. I was astonished to learn that the lungs were so tuberculated. Mary always had a cough and expectorated freely; but the sputa never appeared to be of a purulent character. The examination disclosed that the right lung was firmly attached throughout (except the healthy parts) to the diaphragm and costal walls. These adhesions were evidently of long standing, and the result of extensive pleurisy. Is it not probable that that mysterious abscess originated in this part, and these adhesions walled it up?

Geneseo, N.Y., December, 1863.

P.S.—I forgot to mention that at one time, many years ago, Mary's paralysis was transferred to the œsophagus, which for weeks incapacitated her from swallowing food or drink. She was nourished by the stomach-pump, and finally cured of *that* phase of the disease by having the strychnine pumped into the stomach. Then she went through the usual course of "winding up" symptoms, and came out all right, so far as swallowing was concerned.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, Oct. 28, 1863.

DR. D. S. CONANT, PRESIDENT, IN THE CHAIR.

LIGATURE OF THE LEFT SUBCLAVIAN INSIDE THE SCALENUS MUSCLE, TOGETHER WITH COMMON CAROTID AND VERTEBRAL ARTERIES, FOR SUBCLAVIAN ANEURISM. HÆMORRHAGE FROM THE DISTAL END OF THE SUBCLAVIAN—DEATH ON 42D DAY.

Dr. Parker presented a specimen of subclavian aneurism of the right side, which he had removed from the body of a man with the following history:—During the month of August, 1862, a swelling about the size of a walnut made its appearance without assignable cause above the centre of the patient's right clavicle. It did not increase for a period of seven months, when it began slowly to enlarge, so that at the end of a year, when Dr. Parker was first consulted, it had attained the size of a hen's egg.

The diagnosis of aneurism was at once made, and the patient was advised to remain for some time quietly at home, take no violent exercise, and live upon vegetable diet. When he was next seen the tumor had increased somewhat in size, and by pressure upon the axillary plexus had given rise to considerable pain in the arm of the affected side. He was advised to submit either to the operation of ligation of the subclavian artery with its uncertain results, or to amputation at the shoulder-joint. At the end of four or five weeks the patient again presented himself; the tumor had then very much increased in size, and he was suffering extremely from pain in the right arm. He was then admitted (September 2, 1863) to the New York Hospital. His nights were sleepless, and there was a very singular change in his circulation. When last seen, the pulsations in each wrist were regular, and numbered 76; now the pulsations in the right wrist could hardly be appreciated, and on the left side there was nearly the same condition of things present. The pulsation of his carotid varied from 120 to 130. A consultation, which was called, resulted in a decision to tie the common carotid near the bifurcation, and secure a good plug, and also the subclavian inside the scalenus muscle, together with the vertebral artery. It was thought best to ligate the vertebral artery in order to guard against the accident which occurred in Kearney Rodgers's case of ligature of the left subclavian in 1845. Dr. Rodgers applied a ligature just inside the vertebral artery in the first division. His patient went on very well until the fourteenth or fifteenth day, when he died of secondary hæmorrhage, the result of the recurrent circulation through the vertebral into the subclavian. On the proximal side of the ligature was a well formed plug, but on the distal side there was of course no coagulum whatever.

The operation was entered upon, and the ligatures applied without difficulty. The pulsations in the tumor immediately ceased, as did also the intense pain in the arm. The case progressed exceedingly well until the tenth day, when there was a slight hæmorrhage, which, however, was easily controlled. On the twelfth day the ligature from the vertebral artery came away. September 17th ligature of carotid came away; this was followed by a slight hæmorrhage, which, however, had nothing to do with the artery itself. The ligature from the subclavian did not come away until the 26th, twenty-four days after the operation. On the 29th there was a slight and easily controlled hæmorrhage. Oct. 1st.—Suppuration from the wound was very free; although nature had done a good deal towards closing the opening the tissues gradually broke away under the influence of pressure and of the persulphate of iron which had been used to check the bleeding. Oct. 7.—Hæmorrhage to the extent of three ounces, and pretty free. In the evening hæmorrhage again, about one ounce. He rallied, however, from all this until the forty-second day after the operation, when hæmorrhage again occurred, and he died.

The autopsy was made four hours post-mortem, by Dr. Sands, assisted by the gentlemen of the house-staff. The following is his report:—

Right sterno-mastoid removed; clavicles on either side sawn across at the junction of the outer with the middle-third; and the sternal portion removed, together with the sternum, the costal cartilage having been previously divided; pericardium opened, and an incision made into the aorta, through which a pipe was introduced and water injected upwards. After a considerable quantity of water had been thrown into the vessels, some of it was seen to issue from what was afterwards found to be the distal end of the right subclavian artery; more escaping, however, from the proximal end. The water also appeared through the left internal mammary, which had been cut in raising the sternum, but more through the right internal mammary, although this had likewise been divided. The wound was deep, extensive ulceration having taken place to the right of the trachea; at its bottom was a round opening, which, upon examination, proved to be the distal extremity of the subclavian artery. The common carotid artery, internal jugular vein, and pneumogastric were matted together by inflammatory products, as were the tissues generally in the neighborhood of the wound. The carotid artery beyond the point which had been tied was occupied by a firm plug that extended nearly to its bifurcation. The proximal portion of the carotid, as well as that of the subclavian, had been destroyed by ulceration, so that the bifurcation of the innominate was no longer visible. The latter vessel presented an open mouth with jagged ulcerated edges, and was filled by a firm fibrinous plug, which occupied nearly its entire length, and projected slightly through its open extremity. The distal end of the subclavian had ulcerated away, carrying with it the proximal portion of the vertebral, the distal portion of the latter being found well plugged. Excepting the vertebral, all the branches of the subclavian were found, and were seen to have their normal relation with the main trunk. They were also pervious, as was shown by the fact that they all admitted a probe introduced through the open end of the subclavian, before described as lying at the bottom of the wound. It was evident, therefore, that the patient had died of hæmorrhage from the distal end of the subclavian, the blood having found its way into the latter by the recurrent circulation. The aneurism sac was larger than a hen's egg, and nearly filled with coagula. The axillary artery beyond the aneurism was healthy and unobstructed.

Several important morbid alterations were noticed on the left side of the neck. The left internal jugular vein was entirely obstructed by a plug of a brownish yellow color, evidently an old coagulum. The left subclavian artery, just

beyond the origin of its branches, became suddenly smaller than natural, and on examination was discovered to be obliterated for five-eighths of an inch, beyond which it again resumed its normal size and appearance. The occlusion of the vessel seemed to have been the result of inflammation, the coats being thickened and indurated.

Dr. Parker stated in conclusion that the operation for ligature of the subclavian had been performed in all eleven times by the following surgeons:—I. Colles, in 1811, death occurring from hæmorrhage on the fourth day; II. Mott, in 1833, death from hæmorrhage on the eighteenth day; III. Hayden, in 1835, death from hæmorrhage on the twelfth day; IV. O'Reilly, in 1836, death by hæmorrhage on the twenty-third day; V. Partridge, in 1841, death from pericarditis and pleuritis on the fourth day; VI. and VII. Liston, in two cases—in the first, 1837, death occurred from hæmorrhage on the thirteenth day, and in the second, 1839, death from same cause on the thirty-sixth day; VIII. and IX. Auverte, in two cases; in both death was the result of hæmorrhage, in the first on the twenty-second, and in the second on the eleventh day. X. Rodgers, case already referred to; XI. Lastly, Cuvellier, in 1860, death from hæmorrhage on the tenth day—carotid and subclavian of right side ligatured.

Dr. Buck remarked—A case invested with deeper interest than the one before us could scarcely be presented for our consideration. From the post-mortem dissection just described and the specimen exhibited, it appears that, notwithstanding the direct and reverse arterial currents had been intercepted by the ligatures applied to the subclavian, common carotid, and vertebral arteries, the success of the operation was defeated by the circulation still kept up in the aneurismal sac by means of the thyroid axis, internal mammary, and superior intercostal branches. The anastomoses of the terminal branches of the right inferior thyroid with those of the superior of the same side, and also of the internal mammary with the epigastric, must have afforded the channels for restoring and keeping up the circulation in the sac, and thus the formation of coagulum within its cavity has been prevented. Though the ligature upon the subclavian had completely divided the artery, leaving both ends open and exposed, the plug on the proximal side of the ligature had filled up the innominata, and closed it so impermeably as not to permit the passage of water injected at the root of the aorta. On the distal side of this ligature, however, the open mouth of the artery communicated immediately with the sac, and had furnished the repeated hæmorrhages preceding death.

The question here suggests itself—Would the ligation of the thyroid axis, the internal mammary, and superior intercostal, in addition to the vertebral, have arrested all circulation in the aneurismal sac, and thus secured the conditions of success? It appears to me that it would have done so, and it is my firm conviction that this expedient ought to be tried before we concede the impossibility of curing aneurism of the outer division of the subclavian artery by an operation.

Dr. Markoe—I coincide entirely with the views expressed by Dr. Buck. It seems to me that all the experience yet recorded on this subject, goes distinctly to show that the cause of failure in this operation is hæmorrhage from the distal side of the ligatured vessel. No clot has been found in any of the cases published on the distal side of the ligature; and we may safely infer, therefore, that the failure of the operation is due to the absence of this protective clot. The essential pre-requisite to the formation of a clot seems to be such a stoppage of the blood current as will permit coagulation. This, I think, can only be accomplished in the present instance by the tying of all the collateral branches by which recurrent circulation may be established. The only question, in my mind, is, is the proposed plan feasible? I think it is, and should not hesitate, in a similar case, to try it. That the tying of such collateral branches is a very safe procedure, is illustrated by the condition of the ligatured vertebral in this specimen, which has shrunken down to a small solid cord not half its original size, and was still more fully exemplified in a case in which I recently tied the superior thyroid arteries for goitre. Fearing secondary hæmorrhage, which is not uncommon after these operations, I applied the ligature to all the collateral branches in the neighborhood of the main ligature; two such being tied on one side, and one on the other. No hæmorrhage occurred during the healing of the wounds. So convinced am I that this procedure may supply the wanting element of success, that I should certainly try it in the next case which presents itself to me.

Dr. E. Krackowizer thought, that if the blood returning in the aneurismal sac by the anastomotic circulation through the branches of the scaleno-tracheal portion of the subclavian artery was not led off by the axillary artery into the shoulder and the upper extremity, it would coagulate in the sac and prevent secondary hæmorrhage after the falling off of the ligature of the scaleno-tracheal artery.

This result could perhaps be attained, if the distal operation on the supra or infra-clavicular artery preceded the ligature of the scaleno-tracheal artery.

Dr. T. Markoe remarked that such a plan had been taken into consideration, but had been abandoned, because the blood reaching the sac by the collateral branches would not merely flow towards the axilla, but being centripetal in one branch, for example, the thyroid axis might be sent in a centrifugal direction in another one, for blood enters the aneurismal sac from the proximal side even with greater force than before, and, of course, has direct free access to the branches of the main artery, before it expands in the aneurism, yet coagulation under these worst imaginable circumstances does take place; and although rarely so perfectly as to result in a radical cure, yet thereby enough is shown to make it in his eyes worth the attempt, in a similar case, to tie the subclavian artery inside as well as outside the scaleni.

Dr. Sands called the attention of the Society to the appearance presented by the arteria innominata, as illustrating *one* of the modes by which nature guarded against the occurrence of direct secondary hæmorrhage. Pathologists were not quite agreed as to the precise changes that took place in and around an artery after the application of a ligature. That the ligature caused ulceration of the artery at the point where it was applied; that by exciting the inflammatory process it led to the formation of an internal fibrinous plug, by which the vessel was rendered impervious; that the opposite sides of the artery became adherent to each other in the immediate vicinity of the point ligated; and that the tissues surrounding the artery became consolidated by the deposition of coagulable lymph, were facts which had long been taught and believed. A difference of opinion existed, however, regarding the manner in which secondary hæmorrhage was prevented; some attaching great importance to the formation of an internal coagulum; others relying mainly on the deposit of lymph in the neighboring tissues; whilst there were not wanting those who denied the value or necessity of either of these processes, and maintained that safety depended upon the direct closure of the artery at the point tied by the adhesion of its sides. The appearances in the present specimen afforded positive evidence that the desired security *might* be obtained simply through the intervention of an internal coagulum or plug, sufficiently firm and adherent to resist the force of the column of blood propelled against it. In the present instance, as had been already stated, free suppuration had followed the operation; the subclavian and carotid arteries on the cardiac aspect of the ligatures had been destroyed by ulceration as far as the place of bifurcation of the innominata; and the extremity of the latter vessel was found open and gaping, at the bottom of the wound, its cavity being occupied for the greater part of its length by a firm yellowish coagulum, which could be seen by looking into its open extremity. That this coagulum had been efficient during life in obviating hæmorrhage, was shown, not only by the symptoms which indicated *recur-*

vent hæmorrhage, but also by an experiment performed at the post-mortem examination. The thorax having been opened, the pericardium was divided, and a pipe introduced into the aorta at its origin. A syringe was then applied, and water injected with considerable force into the vessel. Had the innominate artery been pervious, that fact would have been proved at once by the escape of fluid from its open extremity, which, however, remained perfectly dry during the experiment. But, after a quart or more of water had been injected, this fluid was seen to issue freely from the *distal* end of the subclavian artery, into which it had found its way through the anastomotic channels. Dr. Sands did not wish to be understood as asserting that the mode of preventing secondary hæmorrhage here exemplified obtained in every case; he merely desired to record the fact, that the presence of an internal coagulum *may alone* be sufficient to guard against this accident, as it had been in this instance in one of the largest arteries in the body.

The Society then adjourned.

American Medical Times.

SATURDAY, MARCH 5, 1864.

THE SURGEON-GENERAL AND THE PROFESSION.

We may safely assume that every intelligent and unprejudiced member of our profession takes a lively interest in the Court-Martial of the Surgeon-General, now in session at the National Capital. He regards this not as the trial of Dr. William A. Hammond simply, but in a broader view; he sees arraigned before a court of military inquiry the honor and dignity of his profession as represented by the Army Medical Department. Even were this the prosecution of a humble brother on charges involving personal reputation and character, every physician properly alive to the honor of the body to which he belongs, would feel himself implicated in these charges. But this feeling becomes immeasurably intensified when a prominent member of the profession, who stands before the world as its representative, is arraigned on charges involving common honesty and official integrity. There are those, it is true, who disregard alike personal and professional character, and who gratify pique or prejudice by the most unrelenting persecution. They rejoice in seeing the prominent men of their calling humbled; and having no character themselves to lose, they are reckless of the good fame of others, and of the reputation of the profession which their own names degrade. But this class is small and contemptible, and their influence is limited to a narrow circle. The great body of our profession is loyal to its ancient standard of true honor, dignity, and moral excellence, and stands ready at any moment to defend it.

We speak the sentiments, we believe, of the American medical profession, when we pronounce the shameful persecutions of the Surgeon-General, which have culminated in the present Court-Martial, as a direct insult to itself. The whole proceeding is a palpable effort to degrade the position of the medical staff by bringing into disrepute its acknowledged head. With no shadow of cause, but one of those vague rumors of malfeasance which now cluster so thickly around every department of the public service, the Surgeon-General was displaced and every effort made to remove him from office. It was only through the active interposition of those interested in the department that he was allowed to prove that the trivial charges made against him were without foundation. With less resolute friends to aid him, the Surgeon-General would have been removed without an opportunity. Scarcely another head of a bureau would have been thus indecorously treated. Such treatment the profession should resent as personal to itself.

The trial is progressing to its termination, and we do not doubt that, though there may be many peculations proved to have been practised by subordinates in the Medical Department, yet the Surgeon-General will stand before the world without a suspicion of participation. If such be the verdict of the Court, the question arises—Will the Surgeon-General be restored to his rightful position? We begin to hear vague rumors that he is to be relieved, even if the trial results favorably; that the whole proceeding was instituted to accomplish this purpose; and if it fail, he must be retired or summarily relieved. Is the profession prepared to submit to this further humiliation? We trust not. If he is found guilty, let him suffer the penalty of his crime; but if innocent, let him be restored to his full official prerogative.

In this connexion, and in conclusion, we commend to the notice of our readers the following editorial of a leading London contemporary, the *Med. Times and Gazette*:—

"The spectacle of a man, high in our own Profession, who has for two years been intrusted with the care of the bodies of more than half-a-million of men, standing arraigned before a court-martial on a charge of betraying his trust for filthy lucre, is a most melancholy one. The possibility of the charge being true is one that we scarcely like to contemplate. We can only say that, if it should be so, the rope or the bullet afford the only fit means of terminating such a career. But, from the knowledge which we happen to possess of the personal character of Dr. Hammond, against whom these grievous accusations are made, we venture to predict that he will pass the ordeal unharmed. As Surgeon-General of the United States Army, he has had to support a vast weight of responsibility—more, perhaps, than his mental power was equal to; and in a machine of such enormous size and so great complication of parts, it was inevitable that, without, or perhaps even with, a man of first-rate administrative power to direct it, some things must go wrong. And many things undoubtedly have gone wrong: in plain words, there have been rogues in the Medical service of the United States, as in every other department of their public service; but we do not believe Dr. Hammond to have been one of them. His chief fault has been a want of decision, which sometimes prevented him from doing what he knew to be right from fear of the consequences; but, even in the atmosphere of corruption that has prevailed during the war at Washington, his reputation, so far as we know, remained free from taint. On the other hand, the frequent dissensions, and, at last, the absolute antagonism which were known to exist between himself and the Secretary of War, were notoriously of great detriment to the Medical service; but the opinion of the Medical officers in general was decidedly in favour of their own chief, and adverse to the overbearing, discourteous—and, some said, jobbing—Secretary Stanton. From this official, Dr. Hammond certainly did endure some affronts which would have caused many men to resign in disgust: most unfortunately for him his retention of office has resulted in a banishment from Washington of many months' duration, intended to be penal, and an enforced series of wanderings through the different seats of war. What effect the lamentable accident, which we recorded a fortnight ago as having befallen Dr. Hammond during one of these wanderings, will have on the result of the court-martial, we

cannot tell; but it is evident that the inquiry must go on in some form or other; for a man, though a cripple for life, has still a right to his character. We can only hope that there will be some means of punishing the framer of the accusations if they should be proved untrue, as we doubt not they will be. The malignity which could suggest them ought to recoil on the head of the slanderer. We hope to hear a public expression of the opinion of the Profession in America on the question. Dr. Hammond is not an unknown man: he owed his position in a great measure to the influence of the heads of the Sanitary Commission, among whom are some of the first names in our Profession in the country. They must surely have established a claim to be heard in a question of so great importance: the voice of the country, raised at their bidding, must prevent Dr. Hammond, if innocent, from being sacrificed, as others have been, to personal spite."

AN INEBRIATE ASYLUM FOR NEW YORK CITY.

The Commissioners of Public Charities and Corrections are moving in the matter of establishing an Inebriate Asylum in connexion with the Alms House Department. This is a most important enterprise, and we are glad to see it undertaken by this liberal and energetic Board. They very truly state that it is the duty of our legislative and executive authorities to so constitute its government as to make it powerless for evil and the promoter of good. They believe it may be so organized as to not only save thousands from the evils which fill our prisons and charitable institutions, but, in their stead, turn thousands to habits of industry, sobriety, and integrity. They appeal to the every-day proceedings of our Police Courts; to the sorrowful tales and confessions of every grade of criminals; and to the dark and narrow pathways of the subterranean habitations in this and other cities, where, with awful strides, men, women, and children are passing to the Court of Sessions, and returning to them every ten days from the confinement of the Work-house! They maintain that the evil can be abated; that no effort has been made to change this terrible evil at all commensurate with its extent and importance. The numbers of vagrants are not fairly stated. The statistics which the courts furnish, show conclusively that ten thousand individuals make up the one hundred and thirty-nine thousand and fifty-seven cases appearing in the reports. It is committing and recommitting, discharging and redischarging the identical prisoner that makes up the formidable array of numbers; it is this constant ebb and flow, between the vile haunts of the town and the islands of the East River, of a distinct class of miserables, that overcrowds our station-houses and courts, necessitating the multiplication of officials for the transaction of this anomalous exchange brokerage in human misery. These unfortunates come and go with unerring regularity, from the Police Office to the Island, from the Island to the rum-shop, from the rum-shop to the station-house, the City Magistrate's Court, and back again, within every two weeks of the year. What chance is there here for reform? what hope of conquering an appetite that compels them to live a besotted life, below the brutes, in the scale of social existence? Under the present infamous order of things, their only hope of escape from the depths of moral degradation to which they have fallen, is in death. At last they fill the pauper's grave, among the unrecognised relics of that vast throng of unhappy beings who have gone the same sad road before. They now ask authority of the Legislature to establish a system which would mitigate the dreadful misery of these thousands of our fellow-creatures, and help many of them to break away from the bonds of self-indulgence, and become once more good, sober, Christian men and women. They say: Give us an inebriate asylum for those who are now being poisoned, morally and physically, under authority of the law at every turn, and we will show an amelioration of this misery worthy of monumental acknowledgment. Let us, then, have an Inebriate Asylum, but let it be a farm where the free air system may be enforced. We hope the day is not distant when we shall cease to attempt the restoration of diseased minds and morals by confining the unhappy subjects within brick or stone walls.

A CIRCUMLOCUTION OFFICE.

The habits of vagrants present a subject worthy of the study of a philosopher. How they live, and how they do not live, is a question which no one has as yet attempted to settle. They are persons without any visible means of living, and yet they live to a greater age (according to the vital statistics of the State of Massachusetts) than any other class. Everyone must have occasionally missed a troublesome caller for alms for a considerable period, and then have been surprised to meet again the old familiar face deformed with its usual chronic expression of pain and suffering. It may have excited his curiosity to inquire where this vagrant has a retreat. The records of our Alms-House reveal a curious fact bearing upon this point. In a statement of vagrants and disorderly persons transferred from the city prison to the work-house on Blackwell's Island, during the year 1863, and the number of times they have been previously committed, it appears that there were committed—for the 1st time, 5,775; 2d time, 649; 3d time, 526; 4th time, 443; 5th time, 286; 6th time, 450; 10th time, 632; 15th time, 40; 20th time, 253; 25th time, 68; 30th time, 152; 40th time, 209; 50th time, 148; 60th time, 167; 100th time, 700. Total, 10,753. 2,328 were males, and 8,425 females. Aggregate number of times committed, 139,057, or twelve times for each.

PROSTITUTION IN NEW YORK.

The "social evil" flourishes in New York as in no other large city of the world. The miserable creatures who ply their trade have not the slightest legal restraint. When so thoroughly diseased as to be compelled to seek medical relief, they apply to the Alms-House, where they remain until relieved, and then return to their old haunts. Every form of venereal disease may be found among these persons, which they propagate far and wide without hindrance. During the year 1862, 5,818 females of this class were admitted to the Island Hospital. The greatest problem presented to our philanthropic citizens is the restraint and proper control of this great evil. As yet, no one in our community has had the courage to attempt to obtain the necessary legislation. But relief must eventually be sought from the Legislature; and we hope the Prison Association, or some similar body, will move in the matter.

Galvanism is said to be a most effectual mode of arousing the energies of a patient becoming comatose from opium.

Spiritualism has revived under the name of *Psychometry*, and instead of *mediums* we now have what are called *psychometers;* who, by touching an individual, profess to become possessed of his entire history.

Correspondence.

SURGEONS IN COURT-MARTIALS.

[To the Editor of the American Medical Times.]

Sir:—In 1829, Attorney-General Berrien, in reply to an inquiry—"Whether chaplains, surgeons, or pursers, who are regarded on board our ships as non-combatants, are competent to officiate as members of a naval court-martial?" declared that they were not; which decision he rested mainly on the fact, that a tribunal descended from the ancient Court of Chivalry could be composed of none other than military men. The Attorney-General denied at that time that surgeons had rank, either real or assimilated.

I will not discuss the doctrine thus officially announced, except to remind you that it is an attempt to engraft feudalism upon modern civilization.

The following General Order, issued by the Secretary of the Navy not quite three years since, will show that, upon this point, a change of opinion has occurred in that Department:

[Copy.]

GENERAL ORDER.

Navy Department, March 2, 1861.

Whenever any officer of the Corps of surgeons, paymasters, or engineers, is arraigned for trial before a Court of Inquiry or Court-Martial, the Court shall consist in part of officers of the corps to which the accused belongs.

Isaac Toucey,
Secretary of the Navy.

Can the Secretary of War show any good reason why a similar rule should not have been applied to the Army? If it had been done, our present Surgeon-General would have had at least one officer of the Medical Department sitting with the Court which is now investigating the charges which have been preferred against him.

Yours, etc.

Frank H. Hamilton, M.D.

New York.

STATE BOARD OF EXAMINERS.

[To the Editor of the American Medical Times.]

Sir,—In the editorial of a late number of your excellent journal, in the article "A State Board of Examiners," there are one or two points on which I would like to make some comment.

The article states:—"The project of a Board of Examiners for the degree of Doctor of Medicine has been revived by the Medical Department of the University of Buffalo. It is proposed that this Board shall examine all candidates for the degree of M.D., and confer diplomas instead of the Medical Colleges * * * Prof. Lee, with whom the scheme originated, has given much attention to this subject, and we hope he will favor the profession with his views."

Now, inasmuch as a committee of the N. Y. State Medical Society, of which I had the honor of being chairman, reported at the meeting in 1861,* and in the report advocated a plan precisely similar, I am prompted to call your attention to the subject, being a little jealous, too, about the right of the committee to the credit of what it deemed a good and practicable plan to be carried out in aid of the advance of medical education.

Dr. Lee, at this last meeting of our Society, before presenting these resolutions of the University of Buffalo, submitted them to me, asking my opinion in regard to them; I told him that I could not do otherwise than approve of them, for certainly in spirit and almost in letter, the resolutions embodied the subject matter of our report, the principles of which we should be most happy to see carried out.

By a vote of the State Society, an extra number of copies of the report were ordered to be printed and to be sent to all of the medical societies and medical schools of our country; and also that the report should be transmitted to the American Medical Association, as the expression of the opinion of the New York State Society on the subject. A committee was appointed in reference to the Buffalo resolutions, Dr. Lee being chairman; and as I have been placed upon it, it will be my great pleasure to aid all in my power to carry out the views expressed in the resolution. But a very natural interest in the report of the (original) Committee of Medical Education of our State Society impels me thus to intrude myself upon you.

Yours, &c.,

Howard Townsend, M.D.

Albany, February 25, 1864.

* See Transactions for 1861, page 198.

NEW TEST FOR DIABETIC SUGAR.

[To the Editor of the American Medical Times.]

Sir:—In the January No. of *Braithwaite's Retrospect* for 1864 (page 69), I noticed the following paragraph:—"*New Test for Diabetic Sugar.*—MM. Trousseau and Dumontpalier have been recently making some experiments with *tincture of iodine* as a test. This tincture when added to urine, which is acid, imparts a deep color to the fluid, and if the urine in jaundice be treated by some drops of the tincture, the green matter, termed biliverdine, is rendered very manifest. During the trials which produced the above results, some diabetic urine was treated with some drops of the tincture. The urine, almost colorless at first, after the addition, acquired the color of barley-sugar; but this color gradually disappeared, the urine again becoming completely colorless at the end of a few seconds. The experiment was repeated again and again, with the urine of various diabetic patients, and always with the same results, the power of this in producing the discoloration of the tincture being in proportion to its density. Tried with urine from various sources, the conclusion has been arrived at that diabetic urine alone possesses the power of rapidly rendering the tincture colorless. The researches are still being carried on with the hope of being able to measure, by means of the tincture, the exact amount of glucose contained in any given urine."—*Union Médicale—London Med. Review*, May, 1863. (p. 610)

Having at that time several specimens of diabetic urine, I determined to give this new test a trial. The urine was first examined with Moore's and Trommer's test, and gave decided evidence of the presence of sugar. The tincture of iodine was then added to a fresh specimen—and the changes of color noticed as above by Trousseau and Dumontpalier took place; other specimens were tried with the same results. I then applied this test to some healthy urine, and, to my surprise, I found the same changes take place in this as did in the diabetic urine. Subsequently about twenty specimens were tested, first with Moore's and Trommer's tests for sugar, and none being found, they were treated with tincture of iodine. The changes of color in these specimens (healthy as regards sugar) were so similar to those produced in diabetic urine that I found it impossible to distinguish one from the other by this test. The discoloration of the tincture was as rapid in the one as in the other, provided the temperature was the same.

I have great hesitation in commenting upon statements made by such authority as Trousseau; but there must be some mistake here—it may be in my interpretation of the test; however, the propriety of this communication will be apparent to anyone who will take the trouble to add a little tincture of iodine to a specimen of diabetic urine, note the result, and then apply the same test to a healthy specimen.

Yours &c.,

S. Fleet Speir, M.D.

119 Montague St., Brooklyn, N. Y., Feb. 20, 1864.

Obituary.

DR. CAMMANN.

(*Continued from page* 105.)

It was in 1838, at the recommendation of Dr. W. Clay Wallace and Dr. Cammann, that the present system of classifying diseases and appointing special physicians to each class was adopted by the trustees of the Northern Dispensary. As this is an interesting fact in the history of the dispensaries of the city, it will not be out of place to give the classification and the names of the physicians appointed during the two first years, or until the system was in successful operation.

1838.

Surgery	R. W. Cairnes, M.D.
Heart and Lungs . .	G. P. Cammann, M.D. J. H. Borrowe, M.D.
Head and Abdomen	Alex. Elder, M.D. W. Steele, M.D.
Eye and Ear . . .	W. Clay Wallace, M.D. W. N. Blakeman, M.D.
Skin	A. N. Gunn, M.D.
Women and Children	Edward Earle, M.D.

The next year the system went into full operation with two physicians to each class.

1839.

Surgery	R. W. Cairnes, M.D. Alonzo Clark, M.D.
Heart and Lungs . .	G. P. Cammann, M.D. J. H. Borrowe, M.D.
Head and Abdomen	W. Steele, M.D. J. H. McVickar, M.D.
Eye and Ear . . .	W. C. Wallace, M.D. W. N. Blakeman, M.D.
Skin	A. N. Gunn, M.D. J. W. G. Clements, M.D.
Women and Children	Edward Earle, M.D. H. Lott, M.D.

This plan gave great efficiency to the Northern Dispensary, and was in time adopted by all the others.

Dr. Cammann's mind had been occupied with physical diagnosis from the commencement of his professional life; and although he attended diligently to all his duties, yet his constant and favorite study continued to be auscultation and percussion. He was the first to introduce this new method of investigation in New York as a special study; and he did it in his own quiet way among the circle of young physicians in which he moved.

According to Dr. E. B. Warner, who has so long been attached to the Northern Dispensary, Dr. Cammann first conceived the idea of auscultatory percussion while yet a student in Paris. Certain it is that it had early taken root in his mind, and in his professional experience was kept steadily in view; for he was in the habit of measuring hearts by this method while attending to his daily duties, though from his well known modesty he was slow in giving publicity to his views.

Dr. Alonzo Clark says, that, when he returned from Europe in 1838, he found Dr. Cammann busy with the subject of cardiac mensuration, and experimenting with a variety of stethoscopes. Dr. Cammann himself assured me that he had explained his method of measuring solids within cavities to several physicians of eminence, who evidently regarded it as the conceit of a visionary young man; but that Dr. Clark, with ready appreciation, comprehended the whole idea during the first hour of conversation on the subject, and immediately joined him in making experiments and collecting materials,—a labor in which they were also assisted by Dr C. L. Mitchell, now of Brooklyn. The result of their united efforts was an article in the "New York Journal of Medicine and Surgery," for July, 1840, entitled, "A New Mode of ascertaining the Dimensions, Form, and Condition of Internal Organs by Percussion." The paper thus appearing under the names of the two eminent co-laborers was from the pen of Dr. Clark,—Dr. Mitchell's services being acknowledged in a foot-note. It was favorably noticed, and copied in whole or in part, by several of the more prominent medical journals and reviews of that period. The "New Mode" was accepted as a valuable discovery and a real advance in medical science; for though Laennec, it is said, was aware of the value of accurate cardiac mensuration in the living subject, he died without discovering any method by which it could be accomplished.

As a means of diagnosis of the condition of organs hidden away in cavities, which, when diseased, may become hypertrophied or atrophied or changed in form, or in determining the size, shape, and connexions of tumors or abnormal growths, this method stands alone; no other approaches it in diagnostic value, either to the physician or surgeon.

If Dr. Cammann had done nothing more than he has done in originating and maturing so valuable a contribution to the healing art, he would still have left a name prominent among medical discoverers.

He next appeared before the public in 1848, in an article which may be found in the "New York Journal of Medicine," entitled, "Experiments to prove that the Capillaries of the Lungs do not anastomose." This, like the former discovery, was the result of *à priori* reasoning; the experiments demonstrating the fact were *post hoc*. The minute anatomy of the lung was by no means clearly established. Malpighi, who was the first to prove that the blood-vessels and air-tubes do not communicate, and also to describe with a degree of accuracy the minute anatomy of the lung as "an almost infinite number of orbicular and sinuous vesicles," declares that "these vesicles communicate with the trachea and with each other." Willis dissented from the views of Malpighi: "These vesicular passages," he says, "have, as it were, little ladders growing thick upon them, and the heap of cells, therefore, bears a resemblance to a bunch of grapes;" which "although they touch each other and seem to cleave together, yet are not connected with one another, but are bounded by their own walls." They also differed in regard to their ideas of capillary anastomosis; but the generally received opinion was, that it was abundant. Soemmering, Reisseisen, Magendie, and Marshall Hall have put forth conflicting theories on the same subject.

Dr. Cammann's article commences by saying: "As it is still a question among anatomists whether the pulmonary capillaries do or do not anastomose, the following experiments may not be without their value." These experiments unquestionably prove that there is no anastomosis between the capillaries of the different lobules or even lobulettes. The *rete mirabile* of each portion of the true respiratory system has connexion with its own terminal artery, and with no other. Before making the experiments, Dr. Cammann reasoned thus: "If it be true, as some anatomists teach, that the anastomosis of the arteries is greater in the lung than in other parts of the body, why does not every case of hæmoptysis prove certainly fatal? Again: what prevents the occurrence of exhausting hæmorrhage where there are abscesses or excavations in the lungs, surrounded by perfectly healthy structure, without even the intervention of false membrane? How can lobular pneumonia, or gangrene of the lung, be explained under that theory?" At the close of the article he says: "We have thus demonstrated how, by being composed of an aggregate of isolated portions, the lungs are protected from the extension of disease; and how, but for this safeguard of nature, organs so essential to existence would be more liable to permanent injury where a portion of their tissue is incapable of performing its functions."

(*To be Continued.*)

FRANKLIN EVERTS, M.D.

Dr. Everts was a native of Mexico, Oswego Co., N.Y. He studied medicine in his native county, and graduated at the University Medical College, New York. Soon after his graduation, he entered Bellevue Hospital, where he remained the usual term. On leaving the hospital he located in practice in the City of Oswego, N.Y., where he rapidly rose to the highest position in the profession, and acquired a large and lucrative practice. Symptoms of phthisis pulmonalis, strongly hereditary in his family, early began to be developed, and finally led him to abandon Oswego. On the breaking out of the war, he became surgeon of a company of artillery, which joined the army of the Potomac. He entered upon the Peninsular campaign, and at the battle of Fair Oaks was actively employed with his command. He was soon after attacked with the Chickahominy fever, and had to return North. After recovering from the fever Dr. Everts found his old disease, which had made but slow progress, apparently revived, and he deliberated upon the propriety of seeking a warmer latitude. At this time, the spring of 1862, a place was offered him in the U.S. Gen. Hospital, Central Park, then under the charge of Dr. J. W. S. Gouley, U.S.A., which he accepted. He remained in this hospital, discharging the duties of his position, until the early fall, when his health had failed so much that he resigned with the intention of seeking a winter residence in Minnesota. He returned to Oswego, where he remained among his friends until his death, Feb. 12, at the age of thirty-six years.

Dr. Everts has left a large circle of warm and devoted friends, to whom the tidings of his untimely death will come with peculiar sadness. He had a genial, sensitive nature, a quick, appreciative mind, and a nobility of character which commanded the sympathy and esteem of every one with whom he was brought into personal relations. His fine social qualities, and his thorough medical education, eminently adapted him for success as a general practitioner.

Army Medical Intelligence.

War Department, Adjutant-General's Office,
Washington, D.C., February 12, 1864.

General Orders No. 55.—Upon the death of a Commissioned Officer, in a general hospital, the Surgeon in charge, besides forwarding to the Adjutant General the required inventory of his effects, will immediately inform the nearest relative of the officer what effects were left by him. If at the expiration of two months the articles are not called for by a person authorized to receive them, they will be sold at auction, and the proceeds sent to the Treasury, as prescribed by Regulations for the effects of enlisted men. Swords, watches, trinkets, and articles of that class will not be disposed of in this manner, but will be properly labelled with the name, rank, and regiment, and date of death of the owner, and sent to the Adjutant General's Office, to be deposited with the Second Auditor of the Treasury to await the application of the heirs.

By order of the Secretary of War:

E. D. Townsend,
Assistant Adjutant-General.

ORDERS, CHANGES, &c.

Surgeon William Grinsted, U.S.V., in addition to his duties as Recorder of the Army Medical Board now in session at Cincinnati, Ohio, for the examination of Assistant-Surgeons of Volunteers, will relieve Surgeon F. M. Heister, U.S.V., as a member of the Board, also in session in the same city, for the organization of the Invalid Corps. On being relieved Surgeon Heister will proceed without delay to Louisville, Ky., and report in person to Assistant Surgeon-General Wood, U.S.A., for assignment to duty.

Surgeon Francis Greene, U.S.V., is relieved from duty in the Department of the South, and will proceed without delay to Louisville, Ky., and report in person to Assistant Surgeon-General Wood, U.S.A., for assignment to duty.

Asst.-Surgeon H. S. Taft, 105th Ohio Vols., and Asst.-Surgeon Jonathan E. Davis, 27th Michigan Cavalry (published officially January 18, 1864), having failed to appear before the Military Commission instituted by Special Orders No. 53, series of 1863, from the War Department, within the prescribed time, the President directs that they be dismissed the service of the United States, to date January 18, 1864, for absence without proper authority.

Assistant-Surgeon A. L. Williams, 74th Ohio Vols. (published officially January 26, 1864), having failed to appear before the Military Commission instituted by Special Orders No. 53, series of 1863, from the War Department, within the prescribed time, is by direction of the President dismissed the service of the United States, for absence without proper authority.

Assistant-Surgeon Harvey E. Brown, U.S.A., is relieved from duty at Fort Columbus, New York harbor, and will report in person without delay for duty to the commanding General, Department of New Mexico.

Surgeon William E. De Witt, U.S.V., is relieved from duty at Washington, D. C., and will report in person without delay to the commanding General, Army of the Potomac, for duty.

The journey from Washington, D. C., to Louisville, Ky., and back in order to turn over his property at the latter place, made by Surgeon A. H. Hoff, U.S.V., is authorized; he having reported in this city in obedience to a summons from a Judge-Advocate of a General Court-Martial as a witness, and his station having been meantime changed from Louisville, Ky., to the Department of the East.

Assistant Surgeon Rector Pierson, now serving in the 115th New York Vols., is transferred to the 127th New York Vols., his original regiment, and is mustered into that regiment, to date July 19, 1863, the day he reported for duty.

Surgeon L. H. Holden, U.S.A., is relieved from duty in the Department of the Monongahela, and will proceed without delay to Chicago, Ill., and relieve Surgeon J. B. Porter, U.S.A. (retired), in his duties at that place.

Permission to visit Washington, D.C., is granted Surgeon W. D. Stewart, U.S.V.

Surgeon E. B. Dalton, U.S.V., is relieved from duty in the Department of Virginia and North Carolina, and will report to the commanding General, Army of the Potomac, for assignment to duty.

Surgeon Jacob R. Ludlow, U.S.V., is relieved from duty in the Department of the Gulf, and will report at the expiration of his leave of absence to Assistant Surgeon-General R. C. Wood, U.S.A., at Louisville, Ky., for assignment to duty.

So much of Special Orders No. 47, January 30, 1864, from the War Department, as confirmed the order from the Surgeon-General's Office, granting Surgeon Josiah Curtis, U.S.V., permission to visit Washington, D. C., is revoked.

The leave of absence granted Surgeon G. M. Sternberg, U.S.A., in Special Orders No. 17, January 16, 1864, from Headquarters, Department of the Gulf, is extended twenty days.

1st Lieutenant John S. Tutton, is relieved from duty with Company K, 1st Regiment Invalid Corps, at Washington, D. C., and will report for duty without delay to Surgeon J. B. Porter, Medical Director, U.S.A., for duty with the 107th Company, 2d Battalion, Invalid Corps.

The order of Brigadier-General Slemmer, U.S.V., President of the Examining Board at Cincinnati, Ohio, dated February 4, 1864, directing Surgeon F. H. Gross, U.S.V., to join his command without delay, and paragraph 37, Special Orders No. 64, from the War Department, confirming the above, is revoked. Surgeon Gross will comply with the requirements of Special Orders No. 62, February 8, 1864, directing him to report to the commanding General, Middle Department, for duty at Camp Parole, Annapolis, Md.

Assistant-Surgeon H. L. W. Burritt, U.S.V., has been assigned to duty in charge of General Hospital No. 5, Knoxville, Tenn.

Surgeon Jabez Perkins, U.S.V., has returned to Chattanooga, Tenn., from leave of absence, and is waiting orders.

Surgeon Edward Shippen, U.S.V., is stationed at Knoxville, Tenn., as Medical Director of the Post.

Medical News.

The San Francisco Medical Press has changed editors, and will hereafter be conducted by Drs. R. B. Cole and H. Gibbons. The former editor, Dr. L. C. Lane, is Surgeon of the Board of Enrolment for the Southern District of California.

Bellevue Hospital Medical College.—The annual catalogue of this institution is published, from which we learn that the class of the present session numbers 307 students. The number of graduates for last year was forty-one.

Dr. F. Hinkle, Assist.-Surg., U.S.A., is preparing a report to the Surgeon-General on the permanganate of potassa and its uses. His employment of this remedy has been very extensive, embracing a large number of cases of different affections.

Death from Chloroform.—Mr. John B. Sissons, of Syracuse, died suddenly last week from the effects of chloroform. He had been bathing his limbs with the fluid, and had retired to his room. Soon after, his wife entered and found him lying up on the floor, dead. A handkerchief saturated with chloroform and an open bottle were found by his side. A post-mortem examination revealed the fact that his lungs were very much congested from the effects of the inhalation of the chloroform.

ERRATUM.

On page 97, the first paragraph of Dr. Hamilton's lecture should have been inserted after the words "had not returned," in the 2d column.

DIED.

EVERTS.—Died in Mexico, Oswego County, on Friday, Feb. 12, of phthisis pulmonalis, FRANKLIN EVERTS, M.D., in the thirty-sixth year of his age.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 22d day of Feb. to the 29th day of Feb., 1864.

Deaths.—Men, 140; women, 136; boys, 146; girls, 136; total, 558. Adults 276; children, 282; males, 286; females, 272; colored, 15. Infants under two years of age, 150.

Among the causes of death we notice:—Erysipelas, 9; albuminuria, 10; apoplexy, 10; infantile convulsions, 35; croup, 28; diphtherite, 15; scarlet fever, 18; puerperal fever, 4; typhus and typhoid fevers, 37; consumption, 36; small-pox 2; measles, 2; dropsy in head, 14; infantile marasmus, 15; whooping-cough, 1; inflammation of brain, 16; of bowels, 10; of lungs, 60; bronchitis, 13; diarrhœa and dysentery, 8. 298 deaths occurred from acute diseases, and 56 from violent causes. 355 were native, and 203 foreign; of whom 127 came from Ireland; 99 died in the City Charities; of whom 30 were in Bellevue Hospital, and 21 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Feb. 1864.	SIX A.M.				TWO P.M.				TEN P.M.			
	Minim. Temp'ture	Temperature Evaporation Below.	Barometer.	Wind.	Temperature	Evap. Below.	Barometer.	Wind.	Temperature	Evap. Below.	Barometer.	Wind.
	°	°			°				°			
22d.	34	34	2	29.91	Fog.	44	5½	29.84	S.E.	40	3	29.80	S.
23d.	34	35	2½	29.75	"	44	54	29.74	S.E.	42	3½	29.74	S.E.
24th.	36	40	2	29.64	S.	52	6½	29.65	S.E.	40	4	29.71	W.
25th.	37	37	4	29.83	W.	51	5	29.76	W.	46	2	29.72	S.
26th.	24	35	2	29.52	S.	31	3	29.70	N.W.	25	4	29.81	W.
27th.	24	24	4	29 98	S.W.	40	5	29.99	W.	37	3	29.97	S.W.
28th.	36	38	2½	29.91	S.	52	5	29.90	S.W.	40	3	29 89	S.E.
29th.	27	40	1½	29.86	S.	38	5	29.89	W.	28	4	29.99	W.

REMARKS.—22d, Variable. 23d, Day clear, night cloudy. 24th, Very light rain A.M. and P.M.; night clear, with fresh wind. 25th, Wind fresh, variable sky, light rain P.M. 26th, Light rain early, snow from 11 to 3, night clear, with fresh wind. 27th, Clear, with fresh wind; hail late P.M., cloudy night. 28th, Cloudy most of the day. 29th, Light rain A.M.; cloudy day, wind mostly fresh, clear evening.

SPECIAL NOTICE.

NEW YORK COUNTY MEDICAL SOCIETY.—*A Regular Meeting of the above Society will be held at the College of Physicians and Surgeons, corner of 23d street and 4th Avenue, on Monday Evening next, March 7, at 8 o'clock.*

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